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This Journal, founded by the Medical Society for the Study of the Venereal Diseases, publishes original work on the investigation and treatment of genitourinary and allied disorders, and review articles, correspondence, abstracts.

ADVICE TO AUTHORS Papers for publication, which will be accepted on the understanding that they have not been and will not be published elsewhere and are subject to editorial revision, should be sent in duplicate to Prof A Mindel, Academic Department of Sexual Health Medicine, Sydney Hospital, Macquarie Street, Sydney 2000, GPO Box 1614, Sydney, NSW, Australia. Tel: 61 2221 2800; Fax: 612 221 5810. All authors must give signed consent to publication. Submitted papers must be accompanied by the following statement, signed by all the authors: "No paper resembling the enclosed article has been or will be published except in Genitourinary Medicine. We transfer all copyright ownership to Genitourinary Medicine." If requested, authors shall produce the data upon which the manuscript is based for examination by the editor. Manuscripts will only be acknowledged if a stamped addressed postcard or international reply coupon is enclosed. Rejected papers will not be returned. Figures will be returned if requested at the time of submission.

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Matters arising 337



Figure 1

Case 1 A 34 year old cohabiting heavy goods vehicle driver presented with a one year history of an itchy growth on his penis which the patient initially mistook for a wart. (He had a past history of penile warts at the age of 16 years). The growth enlarged progressively and ultimately split the foreskin causing pain. On examination there was an indurated, ulcerated, mass on the glans penis and prepuce (fig. 1).

Case 2 A 41 year old married company director gave a 2 month history of a rash on his penis which responded neither to clotrimazole cream nor hydrocortisone 1% cream. He was otherwise fit and healthy. On examination there was a marked balanoposthitis, and on the glans penis, there were areas of erythema, telangiectasia and depigmentation suggestive of lichen sclerosus. In addition, there was an indurated ulcer adjacent to the frenulum.

Case 3 A 41 year old married heavy goods vehicle driver was seen complaining of penile discomfort and blood stained discharge from under this foreskin over the previous 6 weeks. The patient volunteered that his foreskin had always been tight but that

Figure 2

recently he had been unable to retract it at all. On examination there was a phimosis, with evidence of lichen sclerosus, and an indurated warty lesion on the area of visible glans.

Case 4 A 48 year old unemployed married man had had difficulty in retracting his foreskin over the previous year. This had been associated with an offensive, occasionally blood stained discharge and dysuria. His general health had been good and there had been no weight loss. On examination there was a phimosis with an underlying ulcerated mass (fig 2). The glans penis and penile shaft were indurated and tender.

All the patients were referred to a consultant urologist and biopsy confirmed the diagnosis of squamous cell carcinoma of the penis in each case. All underwent surgery, with one lesion requiring total penectomy and radiotherapy.

It is interesting to speculate whether the incidence of penile malignancies in younger men is beginning to increase in parallel with the increase in vulval intraepithelial neoplasia in women, perhaps related to the increasing prevalence of HPV infection.

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1 Yoganathan K, Patel RN, Maitland N, McManus TJ, Calman FMB, Pozniak A. Carcinoma of the penis in a HIV positive patient. Genitourin Med 1995;71:41.

2 Office of Population Censuses and Surveys.

Registratons, Series MBI, no. 22, HMSO, London.

Accepted for publication 27 April 1995.

NOTICE

State of the Art Issues in Genitourinary Medicine: a day on the interface between obstetrics, gynaecology and genitourinary medicine.

30 November, 1995; 9.15 am-5.30 pm at (Hotel), the Chelsea Knightsbridge, London.

Contact: Carol Whitwill, AIDS Course Administrator, St Stephen's Centre, 369 Fulham Road, London SW10 9TH. Tel: 0181-746 8234.

BOOK REVIEWS

All titles reviewed here are available from the BMJ Bookshop, PO Box 295, London WC1H 9TE. Prices include postage in the UK and for members of the British Forces Overseas, but overseas customers should add 15% to the value of the order for postage and packing. Payment can be made by cheque in sterling drawn on a UK bank, or by credit card (Mastercard, Visa, or American Express) stating card number, expiry data, and full name.

An Atlas of Differential Diagnosis in HIV Disease. (The Encyclopedia of Visual Medicine Series). By M C I Lipman, T A Gluck, M A Johnson. Parthenon Publishing Group. 1995. (Pp £48) Carnforth, Lancs. ISBN 1-85070-474-0

This is really more than an atlas alone—its text gives a thorough and current account of various aspects of HIV, which, when combined with excellent illustration makes it a very informative read. It sets out to provide background to aid clinicians who have less experience of HIV infection and its manifestations, and as such fulfils its role well.

The introduction gives an up to date account of HIV infection and associated issues starting with acquisition and transmission of the virus and detailing cumulative numbers of HIV infected people on a worldwide scale. It stresses the importance of preventive measures in controlling worldwide spread of infection, and covers both the techniques and issues relating to HIV antibody testing. Much of the information is also represented graphically and diagramatically, complementing the very readable text. This background information is followed by a description of presentation and follow up of an HIV infected patient-covering the natural history, monitoring, classification of disease and some symptom complexes.

Chapters cover: skin, respiratory, gastrointestinal, neurological, ocular, malignant disease, and are followed by a limited bibliography subdivided by the same headings. The skin diseases are beautifully illustrated and common conditions covered in detail as well as some of the rarer manifestations (e.g. mycobacterial skin ulceration and bacillary angiomatosis) although candidal skin infection was missing. Much of the respiratory chapter is dedicated to the various manifestations of pneumocystis pneumonia, outlining its importance changing presentation and incidence since the advent of primary prophylaxis. There are many X-ray and MRI illustrations together with corresponding microbiological appearances. This chapter also touches on cardiological involvement in HIV. Gastrointestinal manifestations also cover oral disease, wasting syndrome and highlights the likelihood of coexistent viral hepatitis. Both the neurological and ocular chapters are again well illustrated and case histories are given with the clinical pictures. Malignant disease focuses mainly on Kaposi's sarcoma with lymphoma and cervical intraepithelial neoplasia also pictured.

CURRENT PUBLICATIONS

Selected titles from recent reports published worldwide are arranged in the following sections:

Gonorrhoea
Chlamydia
Candidiasis
Bacterial vaginosis
Pelvic inflammatory disease
Syphilis and other treponematoses
Hepatitis
Herpes
Human papillomavirus infection
Cervical cytology and colposcopy
Other sexually transmitted diseases
Public health and social aspects
Microbiology and Immunology
Dermatology
Miscellaneous

Gonorrhoea

Time required for elimination of *Neisseria* gonorrhoeae from the urogenital tract in men with symptomatic urethritis: comparison of oral and intramuscular single-dose therapy.

J HAIZLIP, SF ISBEY, HA HAMILTON, et al. Sex Transm Dis 1995;22:145.

Increasing incidence of gonorrhoea—Minnesota, 1994.

EA BELONGIA, J BESSERWIEK, J DEBOER, et al. Arch Dermatol 1995;131:645.

Plasmid-mediated antimicrobial resistance in *Neisseria gonorrhoeae* in Kingston, Jamaica: 1990–1991.

JS KNAPP, AR BRATHWAITE, A HINDS, W DUNCAN, RJ RICE. Sex Transm Dis 1995;22:155.

Gonococcal abscess of the obturator internal muscle: use of new diagnostic tools may eliminate the need for surgical intervention.

SG GURBANI, CT SHO, KR LEE, L POWELL. Clin Infect Dis 1995;20:1384.

The sensitivity of 173 Sydney isolates of *Neisseria gonorrhoeae* to cefpodoxime and other antibiotics used to treat gonorrhoea. JW TAPSALL, EA PHILLIPS. *Pathology* 1995;27:64.

Experimental human gonococcal urethritis: 250 Neisseria gonorrhoeae MS11mkC are infective.

H SCHNEIDER, AS CROSS, RA KUSCHNER, et al. J Infect Dis 1995;172:180.

Inflammatory cytokines produced in response to experimental human gonor-rhoea.

KH RAMSEY, H SCHNEIDER, AS CROSS, et al. J Infect Dis 1995;172:186.

Interaction of the Neisseria gonorrhoeae PilA protein with the pilE promoter involves multiple sites on the DNA. CG ARVIDSON, M SO. J Bacteriol 1995;177:2497.

Characterization of the pilf-pilD pilusassembly locus of Neisseria gonorrhoeae. NE FREITAG, HS SEIFERT, M KOOMEY. Mol Microbiol 1995;16:575. A mutation in the *Neisseria gonorrhoeae* rfaD homolog results in altered lipoologosaccharide expression.

ES DRAZEK, DC STEIN, CD DEAL. J Bacteriol 1995;177:2321.

Organization of carbamoyl-phosphate synthase genes in *Neisseria gonorrhoeae* includes a large, variable intergenic sequence which is also present in other neisseria species.

FS LAWSON, FM BILLOWES, JAR DILLON. Microbiology 1995;141:1183.

A serum-positive, sialytransferase-deficient mutant of *Neisseria gonorrhoeae* defective in conversion to serum resistance by CMP-NANA or blood cell extracts.

J BRAMLEY, RD DEHORMAECHE, C CONSTANTINIDOU, et al. Microbial Pathogen 1995;18:187.

Chlamydia

New opportunities for chlamydia prevention: application of science to public health practice.

S HILLIS, C BLACK, J NEWHALL, C WALSH, SL GROSECLOSE. Sex Transm Dis 1995;22:197.

Positive serology for chlamydia: is it always for Chlamydia trachomatis?

Z KATZ, R LEVY, S LURIE. Gynecol Obstet Invest 1995;39:271.

Rapid antigen detection assay for identification of *Chlamydia trachomatis* infection.

B VANDERPOL, JA WILLIAMS, RB JONES. J Clin Microbiol 1995;33:1920.

Comparison of antigen detection, polymerase chain reaction and culture for detection of *Chlamydia trachomatis* in genital infection.

PG HALLSWORTH, C HEFFORD, RG WADDELL, DL GORDON. *Pathology* 1995;27:168.

Avidity of antibodies to Chlamydia trachomatis in infertile female patients.

HM FREIDANK, B JUNG, A CLAD, W BREDT. Med Microbiol Lett 1995;4:124.

Autoimmunity to spermatozoa, asymptomatic *Chlamydia trachomatis* genital tract infection and $\gamma\delta$ T lymphocytes in seminal fluid from the male partners of couples with unexplained infertility.

MG MUNOZ, SS WITKIN. *Hum Reprod* 1995;**10**: 1070.

A peptide of *Chlamydia trachomatis* shown to be a primary T-cell epitope in vivo induces cell-mediated immunity in vivo.

SC KNIGHT, S IQBALL, C WOODS, A STAGG, ME WARD, M TUFFREY. *Immunology* 1995;85:8.

Lipid metabolism in *Chlamydia tra*chomatis-infected cells: directed trafficking of Golgi-derived sphingolipids to the chlamydia inclusion.

T HACKSTADT, MA SCIDMORE, DD ROCKEY. Proc Nat Acad Sci USA 1995;92:4877.

Candidiasis

The impact of oral contraception on vulvovaginal candidiasis.

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Torulopsis glabrata vaginitis.

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Fluconazole: an update of its antimicrobial activity, pharmacokinetic properties and therapeutic use in vaginal candidiasis.

CM PERRY, R WHITTINGTON, D MCTAVISH. Drugs 1995;49:984.

Suppression of anti-candida activity of murine neutrophils by progesterone in vitro: a possible mechanism in pregnant women's vulnerability to vaginal candidiasis.

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Induction of candidal vaginitis in diabetic mice and attempts to prevent the infection.

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Adherence of Candida albicans to host cells

ML PENDRAK, SA KLOTZ. FEMS Microbiol Lett 1995;129:103.

Circulating CD4 and CD8 T cells have little impact on host defense against experimental vaginal candidiasis.

PL FIDEL, ME LYNSH, JD SOBEL. Infect Immun 1995;63:2403.

Rats clearing a vaginal infection by Candida albicans acquire specific, antibody-mediated resistance to vaginal reinfection

A CASSONE, M BOCCANERA, D ADRIANIN, G SANTONI, F DEBERNARDIS. *Infect Immun* 1995;63: 2619.

Vulvo-vaginal candidiasis associated with acitretin.

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Bacterial vaginosis

Role of bacterial vaginosis in pelvic inflammatory disease.

RL SWEET. Clin Infect Dis 1995;20:S271.

The genital flora of women with intraamniotic infection.

MA KROHN, SL HILLIER, RP NUGENT, et al. J Infect Dis 1995;171:1475.

The role of bacterial vaginosis and vaginal bacteria in amniotic fluid infection in women in preterm labor with intact fetal membranes.

SL HILLIER, MA KROHN, E CASSEN, TR EASTER-LING, LK RABE, DA ESCHENBACH. Clin Infect Dis 1995;20:S276.

Absorption of clindamycin after intravaginal application of clindamycin phosphate 2% cream.

MT BORIN, GW POWLEY, KR TACKWELL, DH BATTS. J Antimicrob Chemother 1995;35:833.

Pelvic inflammatory disease

Clinical, laparoscopic and microbiological findings in acute salpingitis: report on a United Kingdom cohort.

CD BEVAN, BJ JOHAL, G MUMTAZ, GL RIDGWAY, NC SIDDLE. Br J Obstet Gynaecol 1995;102:407.

Ultrasonographically guided transvaginal aspiration of tuboovarian abscesses and pyosalpinges: an optional treatment for acute pelvic inflammatory disease.

MA ABOULGHAR, RT MANSOUR, GI SEROUR. Am J Obstet Gynecol 1995;172:1501.

Syphilis and other treponematoses

Treponemal disease revisited: skeletal discriminators for yaws, bejel and venereal syphilis.

BM ROTHSCHILD, C ROTHSCHILD. Clin Infect Dis 1995;20:1402.

Syphilis serology among transvestite prostitutes attending an HIV unit in Rome, Italy.

P GATTARI, D SPEZIALE, R GRILLO, et al. Eur J Epidemiol 1995;10:683.

Rapid increase of syphilis and gonorrhoea in parts of the former USSR.

T LINGLOF. Sex Transm Dis 1995;22:160.

Syphilis and neurosyphilis in a human immunodeficiency virus type-1 seropositive population: evidence for frequent serologic relapse after therapy.

JL MALONE, MR WALLACE, BB HENDRICK, et al. Am J Med 1995;99:55.

Pathology of the umbilical cord in congenital syphilis: analysis of 25 specimens using histochemistry and immunofluorescent antibody to *Treponema pallidum*.

DA SCHWARTZ, SA LARSEN, C BECKSAGUE, M FEARS, RJ RICE. *Hum Pathol* 1995;**26**:784.

Essential syphilitic alopecia revisited.

DW CUOZZO, PM BENSON, LC SPERLING, HG SKELTON. J Am Acad Dermatol 1995;32: 840.

Neurosyphilis or chronic heavy metal poisoning: Karen Blixen's lifelong disease. K WEISMANN. Sex Transm Dis 1995;22:137.

Hepatitis

Heterosexual activity as a risk factor for the transmission of hepatitis C virus.

T UTSUMI, E HASHIMOTO, Y OKUMURA, et al. J Med Virol 1995;46:122.

Risk factor exposure among hepatitis C virus RNA positive Swedish blood donors—the role of parenteral and sexual transmission.

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Prevalence of hepatitis B virus infection in Singapore men with sexually transmitted diseases and HIV infection: role of sexual transmission in a city state with intermediate HBV endemicity.

BH HENG, KT GOH, R CHAN, SK CHEW, S DORAIS-INGHAM, GH QUEK. J Epidemiol Community Health 1995;49:309.

Routine hepatitis B vaccination in a clinic for sexually transmitted diseases.

HS WEINSTOCK, G BOLAN, JS MORAN, TA PETER-MAN, L POLISH, AL REINGOLD. Am J Public Health 1995;85:846.

Herpes

Efficacy of traditional herbal medicines in combination with acyclovir against herpes simplex virus type 1 infection in vitro and in vivo.

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Current issues in the management of genital herpes.

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Valaciclovir—a review of its potential in the management of genital herpes.

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Comparison of three monoclonal antibody-based enzyme immunoassays for detection of herpes simplex virus in clinical specimens.

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A recombinant glycoprotein vaccine for herpes simplex type 2: safety and efficacy. AGM LANGENBERG, RL BURKE, SF ADAIR, et al. Ann Int Med 1995;122:889.

Genetic immunization against herpes simpex virus—protection is mediated by CD4+ T lymphocytes.

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Enhancement by TNF- α of reactivation and replication of latent herpes simplex virus from trigeminal ganglia of mice.

I WALEV, J PODLECH, D FALKE. Arch Virol 1995;140:987.

Human papillomavirus infection

Cancer causes revisited: human papillomavirus and cervical neoplasia.

EL FRANCO. J Nat Cancer Inst 1995;87:779.

Sexual behaviour, sexually transmitted diseases and risk of cervical cancer.

KM STONE, A ZAIDI, L ROSEROBIXBY, et al. Epidemiology 1995;6:409.

Prevalence of human papillomavirus in cervical cancer: a worldwide perspective. FX BOSCH, MM MANOS, N MUNOZ, et al. J Nat Cancer Inst 1995;87:796.

Current treatment strategies in the management of human papillomavirus infection

Am J Obstet Gynecol 1995;172:1331 (whole issue).

Incidence of venereal warts in human immunodeficiency virus-infected and uninfected women.

KD CHIRGWIN, J FELDMAN, M AUGENBRAUN, S LANDESMAN, H MINKOFF. J Infect Dis 1995;172:

Human papillomavirus testing in primary cervical screening

J CUZICK, A AZAREWSKI, G TERRY, et al. Lancet 1995;345:1533.

Can a test for E6/E7 transcripts of human papillomavirus type 16 serve as a diagnostic tool for the detection of micrometastasis in cervical cancer?

J CZEGLEDY, C IOSIF, BG HANSSON, M EVANDER, L GERGELY, G WADELL. Int J Cancer 1995;64: 211.

Variation of human papillomavirus type 6 and HPV-11 genomes sampled throughout the world.

PA HEINZEL, SY CHAN, L HO, et al. J Clin Microbiol 1995;33:1746.

HPV prevalence in cytomorphologically normal cervical scrapes of pregnant women as determined by PCR: the agerelated pattern.

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Multifocal vulvar intraepithelial neoplasia grade III and multicentric lower genital tract neoplasia is associated with transcriptionally active human papillomavirus. M VANBEURDEN, FIW TENKATE, HL SMITS, et al. Cancer 1995;75:2879.

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CS HERRINGTON, SM ANDERSON, HM BAUER, et al. J Clin Pathol 1995;48:415.

Antibodies to human papillomavirus type 16 E7 related to clinicopathological data in patients with cervical carcinoma.

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Immunohistochemical detection of p53 protein expression in HPV-induced condyloma acuminatum.

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Relation of p53 tumor suppressor protein expression to human papillomavirus DNA and to cellular atypia in male genital warts and in premalignant lesions.

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Amplification of human papillomavirus types 16 and 18 in invasive cervical cancer. J BERUMEN, ER UNGER, L CASAS, P FIGUEROA. *Hum Pathol* 1995;26:676.

Human papillomaviruses in 91 oral cancers from Indian betel quid chewers—high prevalence and multiplicity of infections.

P BALARAM, KR NALINAKUMARI, E ABRAHAM, et al. Int J Cancer 1995;61:450.

Use of human papillomavirus type 6 capsids to detect antibodies in people with genital warts.

IJ CARTER, GC WIPF, ME HAGENSEE, et al. J Infect Dis 1995;172:11.

Serologic response to human papillomavirus type 16 virus-like particles in HPV-16 DNA-positive invasive cervical cancer and cervical intraepithelial neoplasia grade III patients and controls from Colombia and Spain.

B NONNENMACHER, NL HUBBERT, R KIRNBAUER, et al. J Infect Dis 1995;172:19.

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E ORIHUELA, SK TYRING, M POWSANG, et al. \mathcal{J} Urol 1995;153:1940.

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C EKLUND, J DILLNER. J Virol Meth 1995;53:11.

Type-specific primer-mediated direct sequencing of consensus primer-generated PCR amplicons of human papilloma viruses: a new approach for the simultaneous detection of multiple viral type infections. PL RADY, I ARANY, TK HUGHES, SK TYRING. J Virol Meth 1995;53:245.

Alterations in physical state and expression of human papillomavirus type 18 DNA following crisis and establishment of immortalized ectocervical cells.

M YOKOYAMA, Y NAKAO, XL YANG, et al. Virus Res 1995;37:139.

The human papillomavirus-6 and HPV-16 E5 proteins co-operated with HPV-16 E7 in the transformation of primary rodent cells

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Combined oral carcinogenicity of HPV-16 and benzo(a)pyrene: an in vitro multistep carcinogenesis model.

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